

EXHIBIT -A No Right of Way Certification Local Assistance Project (Off State Highway System)

**NO RIGHT OF WAY CERTIFICATION
LOCAL ASSISTANCE PROJECT
(OFF STATE HIGHWAY SYSTEM)**_____
(Date Prepared)

CITY OF _____

(OR)

COUNTY OF _____

Please Note:

This form is intended for use on local assistance projects off the State Highway System where federal funds are used and where no additional right of way or rights in real property are required. If any of the questions below are answered "yes," this form should not be used. Instead, the Right of Way Certification Form (Exhibit 13-B) should be utilized.

PROJECT: _____
Federal Program (if available)_____
Project Location_____
General Description**YES****NO****STATUS OF REQUIRED RIGHT OF WAY**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Is additional right of way required? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Is any work proposed by this project outside of existing right of way? |

STATUS OF ACCESS CONTROL

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Are additional access rights required for this project? |
|--------------------------|--------------------------|----|---|

STATUS OF AFFECTED RAILROAD OPERATING FACILITIES

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Are any railroad operating facilities affected by this project? |
|--------------------------|--------------------------|----|---|

MATERIAL SITE(S)

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Are material sites required for this project? |
|--------------------------|--------------------------|----|---|

DISPOSAL SITE(S)

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Are disposal sites that are not part of the contractor's responsibility to remove excess material required for this project? |
|--------------------------|--------------------------|----|--|

STATUS OF REQUIRED UTILITY RELOCATIONS

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Is relocation of utilities not in place under franchise required? (This does not include the relocation of utility facilities owned and operated by the sponsoring local public agency.) |
|--------------------------|--------------------------|----|--|

RIGHT OF WAY CLEARANCE

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Are there improvements or obstructions located within the limits of this project? |
|--------------------------|--------------------------|----|---|

AIRSPACE AGREEMENTS

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Are there airspace agreements within the limits of this project? |
|--------------------------|--------------------------|----|--|

**COMPLIANCE WITH RELOCATION ASSISTANCE PROGRAM
REQUIREMENTS**

[] [] 10. Are there displacements for this project?

COOPERATIVE AGREEMENTS

[] [] 11. Are there any cooperative agreements affecting the project?

ENVIRONMENTAL MITIGATION

[] [] 12. Are environmental mitigation parcels required for this project?

CERTIFICATION

I hereby certify the right of way on this project as conforming to 23 CFR 635.309(G), which states in part; "The acquisition of right of way is not required for this project." The project may be advertised with the contract award being made at any time.

I understand Caltrans will not be performing a review of the PS&E at this time but that all documents relating to this project are subject to review by FHWA and/or Caltrans in order to verify this certification. I also understand that if deficiencies are found in any subsequent review, the following actions will be considered:

1. Where minor deficiencies are found, the certification for future projects may be conditional or not accepted until the deficiencies are corrected.
2. Where deficiencies are of such magnitude as to create doubt that the policies and objectives of Title 23 of the Code of Federal Regulations (or other applicable federal and state laws) will not be accomplished by the project, federal funding may be withdrawn.

LOCAL AGENCY CERTIFICATION

CITY OF _____

(OR)

COUNTY
OF _____

By: _____
(Person must be authorized to
sign certification for local public
agency)

Title: _____

Date: _____

CALTRANS ACCEPTANCE

I have not personally inspected the subject project nor reviewed the PS&E package but I am aware of the scope of the project. I have reviewed the above "No Right of Way Certification" and I am satisfied with the form and content. Caltrans accepts this certification as proper in form and apparently complete in content. Caltrans also accepts this certification with the understanding that the local agency statement of compliance (above) has not been confirmed by Caltrans.

By: _____

Title _____

Date: _____

Distribution: Local agency completes this form, signs and sends it to the DLAE for acceptance (signature), DLAE sends a copy to District Right of Way LP Coordinator, keeps a copy for his files, and send the signed original back to the local agency.